CANNA FARMS™
MEDICAL

MEDICAL DOCUMENT

Register with Canna Farms c/o MediPharm Labs.

Canna Farms is a subsidiary of MediPharm Labs which holds a medical sales license.

To be completed by a Health Care Practitioner. All mandatory fields have been marked with asterisk (*)

MAIL OR FAX COMPLETED FORM TO:

CANNA FARMS C/O MediPharm Labs

Address: 151 John St, Barrie, ON L4N 2L1

Fax completed form to: 1-855-244-9158

CONTACT US:

Phone: 1-855-882-0988

Email: care@cannafarms.ca

HEALTH CARE PRACTITIONER INFORMATION

Title ____ Given Name* ____ Last Name* ____

Profession ☐ Physician ☐ Nurse Practitioner ☐ Specialty ____

Preferred Method of Contact* ☐ Phone ☐ Fax ☐ Email

Business/Clinic Name* ____ Address* ____

Phone* ____ Fax* ____ Email* ____

Consultation Address (if different from clinic address)* ____ Province of Practice* ____ License Number* ____

PATIENT INFORMATION

Title ____ Given Name* ____ Last Name* ____

Date of Birth* (MM/DD/YYYY) ____ Phone ____ Email ____

AUTHORIZATION FOR MEDICAL CANNABIS

WRITTEN ORDER*

Medical Diagnosis
(Primary condition required if document will be submitted to Veterans Affairs)

☐

NUMBER OF GRAMS PER DAY* ☐ **FOR*** ☐ Days ☐ Weeks ☐ Months

Note: The period of use cannot exceed 12 months and will commence from the date the document is registered with Canna Farms™.

I*, ____
hereby attest that the information contained herein is correct and complete.*

X ____
(Signature of Health Care Practitioner*) ____ Date* (MM/DD/YYYY) ____

RECOMMENDED CANNABIS-BASED PRODUCT

DOSAGE FORMAT ☐ Oils ☐ Soft Gel Capsules ☐ Dried Flower ☐ Topicals ☐ Sprays ☐ Concentrates ☐ Vape Pens ☐ Edibles ☐ Other ____

CANNABINOID ☐ THC-dominant ☐ CBD-dominant ☐ Balanced

MAXIMUM THC (% OR mg/ml) (Optional) ☐

Nature of recommendation ☐ Suggestion ☐ Mandate

Additional instructions (if any)

☐ By initialing this box, I, the supporting Health Care Practitioner, have been asked by my patient to send this medical document directly to a licensed seller. In sending it by fax, I acknowledge that the faxed medical document shall constitute the original medical document. Health Care Practitioner also attests that this Medical Document will not be faxed or provided to any other party.